

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 553 747

FILING DATE

10.19.05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1					
13						
14						
15						
16						
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24						
25						
26						
27	1					
28						
29						
30						
31						
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33						
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37						
38						
39						
40						
41						
42						
43	1					
44		1				
45						
46						
47						
48						
49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	40	←		←		←
TOTAL CLAIMS	44					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						